FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTION

	D	G	M	Δ	
U	DME	APP	ROV	AL	

OMB Number: 3235–0076 Expires: November 30, 2001 Estimated average burden hours per response . . . 16.00

SEC USE ONLY							
Prefix	Serial						
DATE F	RECEIVED						
1	1						

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	1/188115/
Series C-1 Preferred Stock and Common Stock issuable upon conversion thereof.	(000954
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed and indicate change)	188 (188 11916 11118 1818) 18188 11188 11188 11188 11188 11188 11188 11188 11188 11188 11188 11188 11188 11188
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Elance, Inc.	04008540
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
820A Kifer Road, Sunnyvale, CA 94086	(408) 524-7500
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	Same DDOCESSE
Same	- MOGEOUS
Brief Description of Business	FEB 20 200%
Internet E-commerce Service	7 FED 20 200
Type of Business Organization Corporation limited partnership, already formed other limited partnership, to be formed	r (please specify): FINANCIAL
Actual or Estimated Date of Incorporation or Organization: Month Year 9 8 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	Actual Estimated
CN for Canada; FN for other foreign jurisdiction)	E

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

- <u>j</u>	A. BASIC IDENTIFICATION DATA								
Each proEach bersecuritieEach exe	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
Check Box(es) tha		Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
	Full Name (Last name first, if individual) Anumolu, Srinivas								
		s (Number and Str #257, Sunnyvale,	reet, City, State, Zip Code) , CA 94086						
Check Box(es) that	Apply:	⊠ Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner			
Full Name (Last na Sheth, B		individual)							
		•	reet, City, State, Zip Code) unnyvale, CA 94086						
Check Box(es) that	Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last na KPCB F		individual) nc., as nominee							
		s (Number and Str ad, Menlo Park, C	reet, City, State, Zip Code) CA 94025						
Check Box(es) tha	Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last na Pequot I		individual) iity Fund II, L.P.							
		s (Number and Stroad, Westport, C)	reet, City, State, Zip Code) 6 06880						
Check Box(es) tha	Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last na New En	•	individual) sociates 10, LP							
		s (Number and Str	reet, City, State, Zip Code) CA 94025						
Check Box(es) tha	Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last na The 199		individual) mily Trust dtd: 6	5/14/94						
		s (Number and Str	reet, City, State, Zip Code) 92067						
Check Box(es) tha	Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner			
Full Name (Last na Fabio R		individual)							
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Elance, Inc., 820A Kifer Road, Sunnyvale, CA 94086									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

. . .

		A DAGICIDENT	IEICATION DATA					
2 Enter the information re-	avoated for the fall		IFICATION DATA	*** *** ***	 			
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; 								
<u> </u>		-	in the past live years; r direct the vote or dispos	uition of 100% or	more of a class of aquity			
securities of the issu		wer to vote or dispose, of	r direct tile vote or dispos	111011 OI, 1076 OF	more of a class of equity			
		corporate issuers and of co	orporate general and manag	ing nartners of na	tnership issuers; and			
		partnership issuers.	orporate general and manag	,mg parmers or par	thership losders, and			
			Mr	□ D:	General and/or			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	Managing Partner			
Full Name (Last name first, if	individual)							
William O. Elson	marviduai)							
	0111 04	O't- C-1- 7'- O-1-						
Business or Residence Addre		-						
		unnyvale, CA 94086						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or			
7 1121	0. 11. 11				Managing Partner			
Full Name (Last name first, if	individual)							
Keith Forshew								
Business or Residence Addre	•	· · · · · · · · · · · · · · · · · · ·						
c/o Elance, Inc., 82	OA Kifer Road, S	unnyvale, CA 94086						
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or			
					Managing Partner			
Full Name (Last name first, if	individual)							
Ram Shriram								
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)						
21510 Saratoga He		* · · · · · · · · · · · · · · · · · · ·						
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or			
enten zen(es) mac rappij.					Managing Partner			
Full Name (Last name first, if	f individual)							
John Doerr	•							
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)						
	•	rs, 2750 Sand Hill Road, I			•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or			
check Box(es) that Apply.	I Tolliotei	Belieficial Owlief	Executive Officer	Z Director	Managing Partner			
Full Name (Last name first, if	findividual)							
V. Eric Roach								
Business or Residence Addre	ss (Number and St	reet City State 7in Code)						
PO Box 525, Ranc		•						
				N7 n				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Eull Name (Leat name first 16	C:diidal\				171411451151 4111111			
Full Name (Last name first, if Ray Lane	. ilidividual)							
		- C' C - C' C 1						
Business or Residence Addre	,							
		rs, 2750 Sand Hill Road, I		·				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or			
D (IN //	<u> </u>				Managing Partner			
Full Name (Last name first, if individual)								
Larry Lenihan								
	Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o Pequot Private Equity Fund II, L.P., 500 Nyala Farm Road, Westport, CT 06880								
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)							

2 of 8

<u>, </u>					B. INFOR	MATION	ABOUT O	FFERING					
1. Ha	e the issuer	eold or do	es the ion						ring?			Yes	No ⊠
1. F18	is the issuer	sola, or ao	es the issu						_	······································	••••••		
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?													
										Yes	No		
									\boxtimes				
4. Er	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If												
a i	person to be	listed is a	n associate	ed person	or agent of	f a broker o	r dealer reg	istered with	the SEC an	d/or with a st i persons of s	ate or	i.	
br	oker or deal	er, you may	set forth	the inform	ation for th	ne broker or	dealer only	/.	ic associated	i persons or s	uch a		
Full Na	me (Last na	me first, if	individual)									
													
Busines	ss or Resider	nce Addres	s (Number	r and Stree	et, City, Sta	ite, Zip Cod	le)						
Name o	of Associated	i Broker or	Dealer										
	n Which Per										· · · · · · · · · · · · · · · · · · ·		
(Che	ck "All State	es" or chec	k individu	al States)						••••••	•••••	☐ Ai	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	-
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P A	_
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P R	.]
Full Na	me (Last na	me first, if	individual)									
Ducina	ss or Resider	naa Addras	o (Numba	r and Strae	t City Sto	eta Zin Cod	Ja)			 			. <u></u>
Busine	ss of Resider	ice Addres	s (Number	and Street	i, City, Sta	ne, Zip Cou	ie)						
Name o	of Associated	Broker or	Dealer										
States i	n Which Per	rson Listed	Has Solic	ited or Int	ends to So	licit Purcha	sers						
(Che	ck "All State	es" or chec	k individu	al States).	•••••••				••••••			☐ Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	}
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MC	-
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA	
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P R	
Full Na	ime (Last na	me first, if	individual)									
D			- OI1		4 City Ct	4. 7i- 0	10)						
Busines	ss or Reside	nce Addres	s (Numbe	r and Stree	et, City, Sta	ue, Zip Coo	ie)						
Name o	of Associated	Broker or	Dealer										
rumo	717100074100	. D.O.O. O.	Douio.										
States i	n Which Per	rson Listed	Has Solic	ited or Int	ends to So	licit Purcha	sers						
	ck "All State							••••••				□ A1	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M(
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P A	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P R	

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$ -0-	\$ -0-
	Equity	\$8,565,073.00	\$8,565,073.00
	☐ Common Stock Issuable Upon Conversion Thereof		
	Convertible Securities (including warrants)	\$See above	\$See above
	Partnership Interests	\$0	\$-0-
	Other (Specify)	\$0	\$ <u>-0-</u>
	Total	\$8,565,073.00	\$8,565,073.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
•	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$8,565,073.00
	Non-accredited Investors	- 0 -	\$ -0-
	Total (for filings under Rule 504 only)	n/a	\$n/a
	Answer also in Appendix, Column 4, if filing under ULOE.		
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	n/a	\$ n/a
	Regulation A	n/a	\$n/a
	Rule 504	n/a	\$ n/a
	Total	n/a	\$ n/a
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	[\$-0-
	Printing and Engraving Costs		\$-0-
	Legal Fees	-	\$To be determined
	Accounting Fees		\$-0-
	Engineering Fees		\$-0-
	Sales Commissions (specify finder's fees separately)		\$-0-
	Other Expenses (identify)		\$-0-
	Total	-	■ \$To be determined

- - - -

•	•						
	C. OFFERING PRICE, N	IUMBER OF INVESTORS, EXPENSES A	ND L	JSE O	F PROCEED	S	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."						3,565,073.00
5.	Indicate below the amount of the adjusted gused for each of the purposes shown. If the estimate and check the box to the left of the the adjusted gross proceeds to the issuer set for the state of the						
	·				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			\$-0-			\$-0-
	Purchase, rental or leasing and installation	on of machinery and equipment		\$-0-			\$-0-
	Construction or leasing of plant building	gs and facilities		\$-0-			\$-0-
	Acquisition of other business (including offering that may be used in exchange for issuer pursuant to a merger)	the value of securities involved in this or the assets or securities of another		\$-0-			\$-0-
	Repayment of indebtedness			\$-0-			\$-0-
	Working capital			\$-0-		\boxtimes	\$8,565,073.00
	Other (specify):						
				\$ <u>-0-</u>			\$ <u>-0-</u>
				\$-0-			\$-0-
	Total Payments Listed (column totals ad	ded)			\boxtimes	\$8,5	665,073.00
		D. FEDERAL SIGNATURE					
foll	e issuer has duly caused this notice to be sig owing signature constitutes an undertaking by staff, the information furnished by the issuer to	ned by the undersigned duly authorized pers the issuer to furnish to the U.S. Securities and	Exc	hange	Commission, v	d und upon v	er Rule 505, the written request of
	uer (Print or Type)	Signature AGQ		Date	•	12	
	nce, Inc. me or Signer (Print or Type)	Title of Signer (Print or Type)		Dec	ember 30, 200		
	lliam O. Elson	Chief Financial Officer					
** 1	mem O- Elioui	Cinci Financiai Officei					